County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place -- Los Angeles, California 90020
(213) 351-5602

DAVID SANDERS, PH.D.
Director

July 7, 2005

TO: Supervisor Gloria Molina, Chair
Supervisor Michael D. Antonovich, Chair Pro Tem
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: David Sanders, Ph.D.
Director

MARCH 15, 2005 BOARD AGENDA ITEM #2: HOLLYGROVE AND GROUP HOME TRANSITION/RATE CARE SETTING

At the March 15, 2005 Board meeting the Board directed:

- The Department of Children and Family Services (DCFS) to establish a "Children's Group Home Workgroup", in accordance with the "Katie A." settlement, which will consist of representatives from, but not limited to DCFS, Probation, Mental Health (DMH) and other relevant group home providers and consumers, to develop an array of implementation and transition strategies, including a proposed timeline for implementation, to service children with the goal of stability and permanency.

- DCFS and DMH to report back to the Board within 90 days on how the County can maintain and better utilize the resources of agencies, such as Hollygrove, when it decreases reliance on such agencies for residential placement of children; the status on the proposal made on modifying the rate setting structure for group homes, including potential legislative changes that would positively impact this situation; and recommendations and findings from the "Children's Group Home Workgroup".

On April 14, 2005, DCFS conducted a Group Home meeting for all providers. Representatives from DCFS, DMH, Probation and over 100 representatives from group home programs attended the meeting. Following the meeting a Group Home Work Group was convened, which includes representatives from DCFS, DMH, Probation, 16 large and small group home agencies representing various areas of Los Angeles

County, the Commission for Children and Family Services, a parent, and emancipated youth.

The Group Home Work Group began meeting on April 26, 2005 and has met a total of eight times. The goal has been to initiate discussions regarding the development of models and strategies by which residential care programs can continue to provide valuable services and treatment for children and families; and to provide suggestions for rate structure reform and funding resources.

The following highlights and summarizes the discussions, issues and strategies covered during the Work Group meetings:

1. There has to be a clear blueprint established by DCFS, Probation and DMH on the continuing use of group home care, and ongoing coordinated planning by the three departments with group home providers, clients and other stakeholders.

As of June 1, 2005 there were 1,960 DCFS children and youth in group home placements. Attachment #1 consists of tables providing age, gender, level of care and placement location for DCFS youth. As of July 1, 2005 there were 1,314 Probation youth in group home placements. Attachment #2 consists of tables providing age, gender, level of care and placement location for Probation youth. DMH utilizes group home placement resources exclusively through the AB 3632 program. As of May 1, 2005 there were 521 DMH placements, many of which are out of state.

DCFS's goal is to reduce reliance on out-of-home care through expansion of alternative community based strategies to help families, and to shorten the timelines to permanency for children and youth removed from their families, while improving safety in foster care. DCFS has begun to reduce the need for group home beds, especially for children 12 years old or younger. DCFS would like to transition residential capacity to a model of intensive, short-term therapeutic residential treatment as part of an integrated array of family-focused and community-based programs.

The Probation Department plans to continue to use and expand the need for group home facilities. Probation has announced a new policy to shift minors 14 years old and younger from Camp Community Placement to suitable placement, and estimates that this will result in a need for 350 or more group home beds. In addition, Probation plans to establish a 50 bed Assessment Center.

DMH utilizes group home resources exclusively through the AB 3632 program, the provision of mental health treatment and residential placement for disabled students eligible for special education. This program is voluntary, and when an Individualized Education Program (IEP) Team recommends residential placement, many parents actively seek, with legal counsel, appropriate placements outside of California. DMH

also provides mental health services to eligible children and youth in group homes with Medi-Cal, Healthy Families and Mental Health Services Act funding.

Coordinated planning between the departments is critical to these transitions. The Work Group has decided to utilize the next nine months to develop coordinated DFCS, Probation and DMH capacity utilization and monitoring plans, to address the following elements:

Capacity Planning and Management
Assessment and Placement
Treatment Services
Family Involvement, Permanency Planning and Case Management
Continuum of Care Linkages, including Aftercare
Performance Measurement and Outcome Evaluation
Rate Restructuring

The Work Group composition will be expanded to ensure representation of a broader group of stakeholders.

2. Immediate Implementation and Transition Strategies

Probation plans to release a Request For Information (RFI) this summer soliciting interest in the implementation of a 50 bed Assessment Center to house minors up to 60 days while providing a strength-based assessment of physical health, mental health, education and family dynamics.

Probation has established a new policy shifting the referral of youth 14 years and younger away from Camp placements to group homes. In total, Probation projects a need for an additional 350 or more group home placements than it is currently utilizing. Probation estimates a need for approximately 30 new placements per month and is developing implementation strategies. Probation will release a letter alerting providers about this policy change.

DCFS has identified the need to establish a small number of Emergency Crisis beds at group homes with 24 hour and 7 day access through the DCFS Command Post, particularly for girls ages 13-17. DCFS is currently working with a number of providers to develop this capacity.

DCFS will release a Request For Statement of Qualifications (RFSQ) this summer to expand the Wraparound Services program, which has grown to serve 474 children by the end of May 2005. DCFS plans for Wraparound to continue to grow as an alternative to group home placements, and will continue to develop the innovative Residential Wraparound model currently piloting at 4 group home agencies to shorten timelines to permanency.

Working with the Association of Community Human Service Agencies, DCFS has established three work groups to explore the following:

- developing a system of individualized contracts for the very small number of highest needs/most difficult to place youth, which would enable agencies to develop a youth-specific placement and treatment services package, using blended and flexible funding to leverage a variety of services;
- examining a model for an Emergency Assessment Center; and
- examining a model for Intensive Treatment Crisis Beds.

As DCFS continues to increase the number of children placed with caregivers in the Specialized Care Increment (SCI) D-Rate program, eligible youth will be assessed and referred to outpatient treatment services to address their emerging needs. This includes in-home individual therapy, in-home family/group therapy, parent support, Therapeutic Behavioral Services (TBS), respite care crisis management, psychotropic medical evaluation, 24/7 telephone access and case management services to link families and children with other providers or agencies to meet their needs. DCFS is fostering close working relationships between the D-Rate evaluation teams and several group home providers, including Hollygrove Children and Family Services, who run community-based mental health services programs which have had significant experience in the mental health needs of foster children.

There are children currently in group homes who could return home or move to an appropriate less restrictive, family-based setting if there were intensive in-home therapeutic services to support their transition. DCFS is committed to working with group home providers to pilot expedited permanency processes for these children and youth. DCFS is exploring opportunities to use the Permanency Partners Program (P3) to partner with agencies on the individual transitions for children. DCFS has begun this process with Hollygrove Children and Families Services by engaging training on Intensive Relative Search and Family Finding for the children placed at Hollygrove for whom forever family resources have not been identified. DCFS will work to wrap services around these children and their families to transition them back to their communities wherever possible.

In working with Hollygrove on transition planning, it became apparent that DCFS has few resources that can be quickly or easily offered to agencies (for example, on a sole source rather than competitive contract basis) to assist with costs related to closing down underutilized group home beds. DCFS does not reimburse for empty beds. In Hollygrove's case, DCFS has made Department staff available to work intensively as a team on the immediate need for transition for those children, preferably back into their families and communities with wraparound-like services. DCFS will continue to look at procurement options and funding resources to plan for easier transitions in the future. Hollygrove can continue to work with children who may appropriately need to be transitioned into its own Foster Family Agency and Hollygrove is considering some targeted recruitment efforts. Hollygrove can also continue to provide mental health

services for these children. DCFS will provide a report on lessons learned 30 days after Hollygrove discontinues its group home program.

3. Intermediate Strategies

DCFS and Probation share an emphasis on the goal of permanency, and must focus on what has been done already to realign residential care settings around family involvement, and what more can be done. The departments must work with providers on the process of culture change for group home staff.

While the clinical programming for treatment services are generally available, family-focused treatment modalities need to be emphasized and supported. Additionally, there are specialized treatment needs that remain underserved. DCFS and Probation need to identify higher acuity populations for whom specialized residential treatment should be enhanced or developed. Emphasis should be on treatments that work.

Placement protocols need to be developed that incentivize continuity of care and that allow for more flexibility in stepping youth from one level of care to another.

Residential respite care models should be examined and developed in Los Angeles County. Residential treatment needs to be part of an integrated array of family-focused and community-based services in which a youth can move flexibly from one service to another based on appropriate level of need. Respite programs where group home staff who know the youth either engage in the family's home or bring the family or youth back to residential care for a short period of time should not always be seen as system failures.

DCFS is preparing to establish a work group on the development of aftercare models, not just for group home placements. A clear articulation of when aftercare is required, and what different aftercare models exist could be crosswalked with other community-based services available to families, to identify any service gaps.

There continues to be a need for transitional housing and services for young adults after they leave foster care or detention. Mental Health Services Act funds have been proposed for transition age youth (TAY) by the stakeholder focus groups and may provide an important opportunity to expand services and housing for them.

4. Rate Setting Structure and Financing Issues

The California Alliance of Child and Family Services and CWDA have organized a statewide work group comprised of key representatives from numerous California counties representing child welfare, juvenile justice, mental health, education, youth and the provider community. The purpose of this work group is to look at reforming residentially-based services for children and youth in the child welfare system and rate restructuring reform, and make recommendations to the Governor's Office and to the

State Legislature by the target date of January 2006. DCFS attends these meetings and there are provider members of the Los Angeles County Group Home Work Group who are also regular participants.

The following questions have been raised prompting the need for rate reform.

- Do the current group home rates provide sufficient funding for adequate and quality group home staff and care?
- Do the current rates provide sufficient funds for children/youth with high level treatment needs?
- Do the current rates correspond with market increases, technology, legislative and administrative needs?
- Are the current rates and rate increases consistent with the current cost of living index?
- Do the current rates provide sufficient funding for all program services, including aftercare?

DCFS, DMH and Probation support group home rate restructuring at the State level. There needs to be a payment system that provides flexibility, matches expectation and resources, and promotes individualized services, family involvement and agency linkages and collaboration with a focus on treatment and permanency outcomes. The system should allow flexibility and the blending of funding from multiple sources to meet individual child and family circumstances.

The statewide work group needs to examine different types of payment systems, or combinations of payment systems, from other systems and jurisdictions, including but not limited to client-based rates, cost-based rates, and program-type specific rates.

The State should consider linking funding and licensing structures to support an outcomes measurement system after benchmarks have been developed. The Group Home Work Group will examine performance and outcome measures to identify new indicators to benchmark in Los Angeles County. Bonus incentives for high performance on performance measures is another strategy that could be used to reorient services.

In the interim, DCFS is exploring opportunities for the reinvestment of savings from a reduced out-of-home care census. DCFS has proposed reinvestment of federal funds in a Title IV-E Waiver proposal still pending for approval by the U. S. Department of Health and Human Services. DCFS has in its 2005-2006 budget a $7.1 million savings reinvestment of County General Funds, intended for direct services to reduce the need for out-of-home placements. Reinvestment can be an interim strategy to help reorient the residential care system to alternative family and community-based services while legislative decisions are pending about rate restructuring.

DCFS has also concentrated dialogue with locally focused private funders on the opportunities for public-private partnerships involving foundation support for business

conversion and other technical assistance. DCFS recently held a meeting with funders and providers to foster these relationships.

Attachments #3, #4, and #5 are separate reports from DCFS, Probation and DMH detailing their ongoing planning efforts around group home capacity.

If you have any questions, please call me or your staff may contact Helen Berberian, Manager, DCFS Board Relations Section at (213) 351-5530.

DS:LP:ejp

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Department of Children and Family Services
Children in Group Home
(Data as of May 31, 2005)

Gender	Supervisorial District					Out-of-County	*Invalid	Total
	1	2	3	4	5			
Female	155	205	70	59	200	67		756
Male	78	276	143	133	451	122	1	1,204
Grand Total	233	481	213	192	651	189	1	1,960

Age	Supervisorial District					Out-of-County	*Invalid	Total
	1	2	3	4	5			
Birth - 2 Years		3						3
3 - 4 Years		4						4
5 - 9 Years	9	31	20	4	52	5		121
10 -13 Years	39	109	45	32	201	48		474
14 - 15 Years	54	135	63	65	190	52		559
16 - 17 Years	91	138	66	76	170	68		611
18 Years & Over	40	61	19	13	38	16	1	188
Age Total	233	481	213	192	651	189	1	1,960

RCL	Supervisorial District					Out-of-County	*Invalid	Total
	1	2	3	4	5			
Rate not available	3	7	2	13	6	1		32
B Rate				1				1
H - Host County - State Rate	1					4		5
GF - Grandfather Rate	4	10		1	5	2		22
A2 - FFA Treatment		1	1		1	1		4
RG - Regional Center - Group Home	18	7	2	6	7			40
RCL 4	1							1
RCL 6		15				1		16
RCL 7		37	7					44
RCL 8	8	127		2	36	6		179
RCL 9		43		23	10	14		90
RCL 10	13	75	21	20	21	23		173
RCL 11	31	80	1	60	38	20		230
RCL 12	148	73	176	5	489	117	1	1,011
RCL 14	6	6	1	61	38			112
RCL Total	233	481	213	192	651	189	1	1,960

(1) Data are based on child's placement address.
(2) * Addresses with erronous, incomplete, unknown, P.O. Box, or empty address fields that cannot be successfully matched to the Thomas Bros. Street Network Database.

Source: Child Welfare Services/Case Management System - Datamart History Table

SUITABLE PLACEMENT GROUP HOME POPULATION COUNT SUMMARY

MONTH: JULY
WEEK ENDING JULY 1, 2005

20 Y.O.	0	0.0%
19 Y.O.	0	0.0%
18 Y.O.	82	6.2%
17 Y.O.	354	26.9%
16 Y.O	336	25.6%
15 Y.O.	273	20.8%
14 Y.O.	179	13.6%
13 Y.O.	68	5.2%
12 Y.O.	22	1.7%
11 Y.O.	0	0.0%
TOTAL	1314	

MALE	1082	82.3%
FEMALE	232	17.7%
TOTAL	1314	

HISPANIC	684	52.1%
AFRICAN AMERICAN	418	31.8%
WHITE	179	13.6%
ASIAN	9	0.7%
OTHER	24	1.8%
TOTAL	1314	

14	26	2.0%
12	981	74.7%
11	65	4.9%
10	117	8.9%
9	44	3.3%
8	0	0.0%
7	0	0.0%
6	6	0.5%
5	55	4.2%
4	20	1.5%
TOTAL	1314	

REGIONAL CENTER	2	1.3%
YOUAKIM	30	19.5%
PROBATION FUNDS	0	0.0%
NOT RECEIVING FUNDS	94	61.0%
SP AT HOME OF PARENTS	28	18.2%
TOTAL	154	

PLACED IN GROUP HOMES	1314
REGIONAL CENTER	2
RELATIVE/NON-RELATIVE CARE	124
SP AT THE HOME OF PARENTS	28
TOTAL	1468

1	210
2	117
3	308
4	85
5	235
SAN BERNARDINO	138
ORANGE	60
RIVERSIDE	131
LYON	10
CALAVERAS	2
KERN	9
TULARE	5
SACRAMENTO	2
SAN FRANCISCO	0
VENTURA	2
TOTAL	1314

SAN BERNARDINO	SB
ORANGE	OC
RIVERSIDE	RC
LYON	LC
CALAVERAS	CC
KERN	KC
TULARE	TC
SACRAMENTO	SC
SAN FRANCISCO	SF
VENTURA	VC

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REVISED DCFS Outline for Residential Treatment Capacity Plan

DCFS Overarching Goals:
Reduced reliance on out-of-home care – including group home care and especially for children age 12 and younger in group homes.
Shorter timelines to permanence for children and youth in out-of-home care.
Improved safety in out-of-home care.

DCFS Residential Capacity:

Current Group Home Census at DCFS – 1960 (June 1, 2005)

DCFS believes that most DCFS children and youth requiring out-of-home placement should be cared for in the least restrictive, most appropriate setting, preferably at home with their own parents or relatives.

DCFS also envisions the need for a small system of residential treatment capacity as one element in the continuum of community-based services for at-risk children and youth and their families. Residential treatment could be defined as out-of-home placement in a residential setting designed to provide specific treatment services for needs of children and youth with medical, developmental, emotional, behavioral or other special treatment issues.

Residential treatment services would be designed to be intensive and short in duration, child-specific and family-focused, with the expectation that permanency be as important a treatment goal as treatment itself.

Residential treatment facilities may choose to specialize in medical, developmental, emotional, behavioral or other specially designed programs, e.g. for younger or older populations, those with chemical dependency, sexually acting out youth, or youth involved in the juvenile justice system.

There is also a proposal to create residential academies designed to provide special educationally focused programs.

Planning for capacity for DCFS, Probation and Mental Health needs to be connected. There is an ongoing need for coordinated planning around capacity utilization between DCFS, Probation and DMH. DCFS has announced a goal of reduced reliance on group home placements while Probation has stated they are going to increase utilization.

Youth input is also critical to planning and coordination. Capacity planning needs to include coordination around the needs of 18 to 21 year olds, and perhaps young adults after 21.

Licensing issues need to be outlined.

Assessment and Placement

A standardized assessment process must be uniformly in place across all DCFS offices in conjunction with the practice improvement of regular team decision making meetings at critical times in a case plan, including placements and replacements into out-of-home care.

For admission to a residential treatment program, there need to be clear criteria matching a youth's needs with treatment services. These criteria would help make it clear that a youth's treatment needs could not be met in a less restrictive family-based setting.

Placement conferences (TDMs) should be held with a team of professionals determine the placement plan using clear criteria. The DCFS Point of Engagement (POE) strategy will roll out this effort uniformly across offices. Replacement conferences will be needed as well. Plans for treatment and permanency must be created. Plans must be clearly articulated to the treatment providers.

There may be a need for some very limited emergency shelter bed capacity for more in depth assessment. These could be home-based or residential settings with an expectation of a brief time-limited stay while more comprehensive assessment is achieved to create a plan for treatment. Some more open settings (LAYN) have been more successful at providing stability for youth while comprehensive assessment can take place.

DCFS needs to carefully map and monitor the treatment services available to children and youth in residential settings to assure that referrals for placement match the individual treatment needs identified in the assessment done up front.

Placement at a specific program would take into account treatment needs as well as continuity of services that may already be in place for the youth and their family.

"No reject, no eject" policies would be an important system goal for DCFS for treatment access and placement stability. However, flexibility around the individual needs of youth will always be the most important focus. Providers also have liability and licensing concerns. Clear criteria matching treatment needs with services would clarify this area.

Treatment Services and Enhancements

Safety needs for children and youth at risk of harm to themselves or of threat to others may be a threshold need for admission to residential treatment. The role of residential treatment is to provide more comprehensive assessment, stabilization and treatment services.

The Needs and Services Plan for each youth needs to consistently and comprehensively identify the reasons for placement, the assessment of treatment needs, the services being provided, and the progress toward treatment goals.

A comprehensive examination of what models exist that have been identified as evidence-based or effective practice for treatment needs in residential settings must be a precursor to system realignment. Core services would be expected to be available at all residential treatment programs, while specialized services would be individualized to child needs.

Length of stay for treatment needs must be tracked carefully, to understand the range in need for days of residential care.

Residential wraparound is one model currently being tested in Los Angeles and may provide a valuable enhancement to services.

Permanency Planning

The youth and family members must be fully engaged in planning for permanency from the outset. Treating youth and parents as partners is key.

A focus on reconnection and return to family must be integrated into treatment design. Residential facilities must be open settings where families can participate in treatment and planning.

There must be a system wide culture shift around case management to foster effective team decision making. DCFS needs to carefully connect caseworkers, providers and the Court, and clarify the roles of team members and responsibility for development and implementation of permanency plan.

The Needs and Services Plan for each youth needs to consistently address the permanency plan, detail contact with parents, siblings, relatives and extended family members, as well as significant relationships with other adults in the youth's life. All these family resources need to be involved in the plan for permanency.

Continuum of Care Services

Residential treatment providers can be an important aftercare team member to inject their understanding of each child into community efforts to wrap services around families.

Strategies and resources must be available for refocusing efforts on supporting families in the community. Effective integration and coordination of services across a continuum is essential to successful and timely achievement of outcomes.

Community-based services and linkages will be critical to reorienting the Group Home system in Los Angeles to wrap services around families to strengthen their ability to take care of their children and youth.

Movements between placement settings and program types need to be easier to meet the needs of the families, not the funding streams.

Foster home programs could be designed to serve as step downs from residential treatment. They could also mentor families.

Every child or youth in care should have access to aftercare. DCFS needs to define what aftercare includes, what successful aftercare consists of, and how to track this. How long does aftercare continue? What additional funds are there for aftercare?

What role can respite play in aftercare? What other crisis services need to be added or linked?

Families may need ongoing support after youth turn 18.

Various programs available as aftercare include:
Therapeutic behavioral services
Wraparound services
EPSDT-funded mental health services
Family preservation and support services

Educational continuity is a critical piece. Some youth are more successful in non-traditional settings.

Accountability, Performance Measurement and Outcomes

Clear performance measures need to be developed to evaluate safety, permanence, and well-being including treatment efficacy. Performance, rates and capacity should relate.

DCFS must work with residential treatment providers to develop a reliable and robust performance evaluation system. DMH and Probation must determine corollary performance evaluation.

Rate Setting Structure and Other Payment/Financing Issues

The current per diem payment system reimbursing Group Homes for filled beds is a disincentive to moving children and youth in group home placements more quickly back to the least restrictive most home-like setting, preferably their own family. The services needed to accomplish permanency along with treatment will require more flexible financing structures. Rates need to be based on the services that the youth and family need.

Other models of payment for services need to be explored to incentivize the child welfare system goals of safety, permanency and well-being.

Financial and other incentives that could be implemented under the current California rate setting system should be explored immediately.

Optimally reimbursement for services would be structurally tied to performance outcomes.

What role should reinvestment play?

Liability issues need to be reexamined. The County Risk Management Office may be a source of analysis around liability.

COUNTY OF LOS ANGELES
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PAUL HIGA
CHIEF PROBATION OFFICER

June 24, 2005

TO: Lisa Parrish, Deputy Director
Department of Children and Family Services

FROM: Dave Leone, Director
Placement (Oversight)

SUBJECT: **PROBATION GROUP HOME USAGE OUTLOOK**

The Department of Children and Family Services (DCFS) has made the decision to move their minors out of Group Home facilities and concentrate their resources on achieving permanency at an early stage in the minor's involvement with the dependency system. This will result in a significant reduction in DCFS's use of Group Home facilities. Probation, on the other hand, sees a greater need for group home care. Obviously, Probation minors are older and require the need for out of home placement due to their behavior and the need to provide them with treatment and parenting. The resulting goal for both DCFS and Probation is family reunification.

Probation will continue to use and expand the use of Group Home facilities. Demographic trends indicate that the Probation population is increasing. The troublesome population that DCFS was faced with for years has now aged into their teen years. Also of concern is the increase in "cross-over" minors with DCFS backgrounds. It appears that **42%** of incoming cases to Probation placement have a DCFS history.

The Probation Department is in the process of developing policy, that will be implemented in the near future, to suitably place minors 14 years old and younger when it is necessary to make an out-of-home removal. The placement must be consistent with the violence of the offense, the needs of the minor, and the safety of the community. Probation will work with Group Home providers to develop special programming targeted to meet the needs of younger suitably placed minors (15 years old and younger). In order to address adolescent developmental needs, specific to younger minors, Probation will seek Group Home accommodations that provide sports, life skill training, and educational programming directed toward younger minors. The attempt will be made, as much as possible, to have separate junior (15 years old and younger) and senior (16 years old and older) Group Homes or separate living quarters within

separate living quarters within larger Group Homes. This is an attempt to have younger minors less exposed to older, more criminally sophisticated minors.

As DCFS moves away from the use of Group Homes, Probation expects to expand its use of Group Homes, primarily centered around the shifting of 14 year old and younger minors from Camp Community Placement to Suitable Placement. Probation records indicate that this new policy/process would shift approximately 350 additional minors per year into Group Homes. In addition, Probation has a continuing need for Group Home beds for medically fragile minors, fire-starters, sex offenders, chemically dependant minors, pregnant & parenting female minors, and minors who have failed multiple placements.

Probation is in the process of developing an RFI (Request for Information) regarding the implementation of a 50 bed Assessment Center. Hopefully, the Provider community will respond with their ability to meet the Assessment Center needs of the Department. The Assessment Center is expected to house minors up to 60 days, with the vast majority being assessed and out of the Assessment Center in less than 30 days. Strength-based assessments will include, but not be limited to the following needs and/or areas: Education, Mental Health, Physical Health, and the exploration of Family Dynamics.

COUNTY OF LOS ANGELES

UTHARD, D.S.W.

RAINER, M.D.

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: CHILDREN'S SYSTEM OF CARE
Countywide Children Programs
Tel: (213) 738-3940, Fax: (213) 738-6521

June 17, 2005

TO: Lisa Parrish, Deputy Director
Department of Children and Family Services

FROM: Paul McIver, District Chief
Children's System of Care

SUBJECT: DMH RESIDENTIAL PLACEMENT & AFTERCARE SUPPORT FOR FOSTER YOUTH

This is to recapitulate our discussions in the Group Home Work Group meetings, specifically as they relate to the above-referenced topics.

Residential Placements By Department Of Mental Health

The County of Los Angeles Department of Mental Health (DMH) utilizes group home placement resources exclusively through the "AB3632" program, Chapter 26.5 California Government Code.

The Chapter 26.5 program ensures California's compliance with Part B of the Federal "Individuals with Disabilities Education Act" (IDEA). Under California law, County Mental Health plans are responsible for the provision of mental health assessments; psychotherapy and related mental health treatment services; and residential placement and case management for disabled students eligible for Special Education.

When the Individualized Education Program (IEP) Team, which includes parents, teachers, school psychologists, school district administrators, and a representative of the Department of Mental Health (DMH) determines that no combination of mental health treatment services and Special Education supports and services are sufficient to enable an Emotionally Disturbed (ED) student to benefit from his/her education program, residential placement may be recommended.

With parent consent, DMH identifies an appropriate residential care facility that can immediately implement the student's IEP for residential placement. DMH provides the mental health treatment services specified in the IEP, and authorizes payment by Department of Children and Family Services (DCFS) for the State-approved RCL rate for room and board to the Group Home. School Districts are responsible for all educational costs, and parents remain responsible for medical costs, clothing, and other incidental costs.

The goals of residential placement are to stabilize the student's behavior, improve academic performance, and reunify the student with his/her family as soon as possible. There is no Juvenile Court or Dependency Court involvement, and parents retain full custody and control of their children at all times. Participation in the program is voluntary. Although approximately 50% of the total caseload is eligible for Medi-Cal, nearly 50% are ineligible. However, all services are provided at no cost to parents or students under the "free and appropriate public education" (FAPE) provisions of IDEA. Residential placements out of state may be utilized, when there are no appropriate local placements available, and many parents actively seek, with legal counsel, placements outside of California. Chapter 26.5 placements are exempt from the Interstate Compact requirements, as California public agencies pay for virtually all of the costs associated with the placements; maintain case management and oversight responsibilities; and parents retain all of their rights and responsibilities throughout the term of the placement. As of April 30, 2005, 521 emotionally disturbed students are placed in residential treatment under Charter 26.5. These students are beset with chronic and severe emotional and behavioral problems that adversely affect their ability to be educated and to function adequately at home and in the community. Problems manifest by these students include severe depression, isolation, and withdrawal; severe aggression and assault on peers and adults; suicidal and self mutilating behaviors; drug and alcohol abuse; neurological and other medical disorders; sexual predatory behaviors; psychosis, and fire-setting behaviors. Many report histories of victimization by physical abuse, neglect, and sexual molestation. Some also report histories of criminal activities that include theft, property destruction, assault, drug and alcohol-related offenses and other anti-social behaviors.

Despite the myriad presenting problems exhibited by these students, the focal point of all interventions is to improve their ability to benefit from their education. Chapter 26.5 mental health services and residential placement are an adjunct to, not a replacement for, Child Welfare and Juvenile Justice programs in California.

DMH Support For Foster Child Aftercare

DMH will provide mental health services to children with Medi-Cal, Healthy Families or other payors that reimburse DMH. These children must meet the required medical necessity criteria established by their payors. The mental health services will be provided regardless of whether the children are in group home placement, foster home or with their biological families.

DMH will provide mental health services and some substance abuse assessment and treatment services, but not other kinds of services unreimbursed by DMH third-party payors. Examples of such unreimbursable services for children would be: placement, support groups for parents/foster parents, and providing mental health services for parents/foster parents who do not meet medical necessity criteria.

Additional Resources from MHSA

Funding from the Mental Health Services Act (MHSA) for additional services to minors is expected to be limited. Stakeholder focus groups are ongoing in the effort to develop a plan for utilizing the funding designated for children and Transition Age Youth (TAY).

According to the **DRAFT** *Recommendations from the Children's Workgroup*, distributed June 14, 2005, the following are being proposed:

- Navigator teams for screening and referral
- Parent/caregiver support including respite care and advocacy/peer support
- Parent/caregiver treatment
- Transition planning for Probation minors.

The workgroup is proposing spending $15 million on these programs in the first 3 years of the MHSA.

According to the **DRAFT** *Worksheet for Recommendations Under the Community Services and Supports (CSS) Plan for LA County Transition Age Youth Ages 16-25*, distributed June 14, 2005, the following are being proposed:

- Improved ease of entry and access to services by developing
- Increased short-term, long-term and permanent housing options
- Increased quality and quantity of mental health services in juvenile camps.

This workgroup is proposing spending $16.3 million on these programs in the first 3 years of the MHSA.

These proposed plans have not been finalized, reviewed or approved by the County Board of Supervisors or State DMH.

When speaking of mental health services for TAY, it is important to remember the change in the rights and responsibilities when youth turn 18 years old. Youth must be voluntary participants in treatment, and actively participate. Previously such services were provided upon parent/caregiver consent and participation was not always voluntary. The challenges of serving TAY include the process of engagement and development of trust within a therapeutic alliance, particularly for those who most desperately need therapeutic support and service to transition into adulthood successfully.

Rate Re-structuring

DMH would be supportive of the concept of rate re-structuring for group home reimbursement. The children we are now serving are more seriously ill, complicated-to-serve and needy. DMH would be supportive of providers of group home care being appropriately reimbursed for reasonable auditable costs.

PLM:bjm:ya